

HOUSE BILL 465

C3

2lr0901
CF SB 456

By: **Delegate Hammen**

Introduced and read first time: February 2, 2012

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 18, 2012

CHAPTER _____

1 AN ACT concerning

2 **Health Insurance – Health Benefit Plan Premium Rate Review**

3 FOR the purpose of prohibiting a carrier that issues or delivers a health benefit plan
4 in the State from charging a premium to certain persons or changing a premium
5 before the applicable premium rate or premium rate change is filed with and
6 approved by the Maryland Insurance Commissioner; requiring any applicable
7 premium rate or premium rate change to be filed with the Commissioner ~~at~~
8 ~~least a certain period of time before its proposed effective date; requiring the~~
9 ~~Commissioner to require a carrier to provide certain information under certain~~
10 ~~circumstances; extending the period of time before the proposed effective date of~~
11 ~~a premium rate filing under certain circumstances; authorizing the~~
12 ~~Commissioner to authorize an earlier or later effective date of a premium rate~~
13 ~~filing; providing that a premium rate filing is deemed approved unless~~
14 ~~disapproved by the Commissioner within a certain period of time in accordance~~
15 with certain provisions of law and certain regulations applicable to certain
16 carriers; requiring the Commissioner to disapprove or modify a proposed
17 premium rate filing under certain circumstances; requiring the Commissioner
18 to consider certain factors in a certain manner in determining whether to
19 disapprove or modify a premium rate filing; requiring each premium rate filing
20 and any supporting information filed to be open to public inspection;
21 authorizing a carrier to request a certain finding by the Commissioner;
22 authorizing a person to obtain copies of a premium rate filing and any
23 supporting information; authorizing the Commissioner to require a carrier to
24 demonstrate that its premium rates and method for setting premium rates for a
25 health benefit plan are not inadequate, unfairly discriminatory, or excessive in

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 relation to benefits, notwithstanding the Commissioner's previous approval;
 2 requiring the Commissioner to issue a certain order to a carrier under certain
 3 circumstances; requiring the Commissioner to hold a hearing before issuing a
 4 certain order and to provide written notice of the hearing; providing that an
 5 order does not affect a certain health benefit plan; providing that each decision
 6 or finding of the Commissioner about premium rates is subject to judicial
 7 review; providing that a nonprofit health service plan and a health maintenance
 8 organization that offer a certain health benefit plan are subject to certain
 9 provisions of law; establishing the provisions of law that prevail if there is a
 10 conflict between certain provisions of law; providing for the application of this
 11 Act; defining certain terms; and generally relating to health benefit plan
 12 premium rate review under health insurance.

13 BY adding to

14 Article – Insurance

15 Section 11–601 through 11–603 to be under the new subtitle “Subtitle 6. Health
 16 Benefit Plan Premium Rate Review”

17 Annotated Code of Maryland

18 (2011 Replacement Volume)

19 BY repealing and reenacting, with amendments,

20 Article – Insurance

21 Section 14–126(a) and (b)(3)

22 Annotated Code of Maryland

23 (2011 Replacement Volume)

24 BY repealing and reenacting, with amendments,

25 Article – Health – General

26 Section 19–713(a)

27 Annotated Code of Maryland

28 (2009 Replacement Volume and 2011 Supplement)

29 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
 30 MARYLAND, That the Laws of Maryland read as follows:

31 **Article – Insurance**

32 **SUBTITLE 6. HEALTH BENEFIT PLAN PREMIUM RATE REVIEW.**

33 **11–601.**

34 **(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS**
 35 **INDICATED.**

36 **(B) “CARRIER” MEANS A PERSON THAT:**

1 **(1) OFFERS A HEALTH BENEFIT PLAN IN THE STATE; AND**

2 **(2) IS:**

3 **(I) AN INSURER;**

4 **(II) A NONPROFIT HEALTH SERVICE PLAN; OR**

5 **(III) A HEALTH MAINTENANCE ORGANIZATION.**

6 **(C) “CONTRACT HOLDER” MEANS A PERSON TO WHICH A CARRIER HAS**
7 **ISSUED A HEALTH BENEFIT PLAN.**

8 **(D) (1) “HEALTH BENEFIT PLAN” MEANS:**

9 **(I) A HEALTH INSURANCE CONTRACT, A NONPROFIT**
10 **HEALTH SERVICE PLAN CONTRACT, OR A HEALTH MAINTENANCE**
11 **ORGANIZATION CONTRACT THAT INCLUDES BENEFITS FOR MEDICAL CARE; OR**

12 **(II) A CERTIFICATE OF HEALTH INSURANCE ISSUED OR**
13 **DELIVERED TO A MARYLAND RESIDENT UNDER A CONTRACT ISSUED TO AN**
14 **ASSOCIATION LOCATED IN THE STATE OR ANY OTHER STATE.**

15 **(2) “HEALTH BENEFIT PLAN” DOES NOT INCLUDE:**

16 **(I) ONE OR MORE, OR ANY COMBINATION OF THE**
17 **FOLLOWING:**

18 **1. COVERAGE ONLY FOR ACCIDENT OR DISABILITY**
19 **INCOME INSURANCE;**

20 **2. COVERAGE ISSUED AS A SUPPLEMENT TO**
21 **LIABILITY INSURANCE;**

22 **3. LIABILITY INSURANCE, INCLUDING GENERAL**
23 **LIABILITY INSURANCE AND AUTOMOBILE LIABILITY INSURANCE;**

24 **4. WORKERS’ COMPENSATION OR SIMILAR**
25 **INSURANCE;**

26 **5. AUTOMOBILE MEDICAL PAYMENT INSURANCE;**

27 **6. CREDIT-ONLY INSURANCE;**

28 **7. COVERAGE FOR ON-SITE MEDICAL CLINICS; AND**

1 **8. OTHER SIMILAR INSURANCE COVERAGE, AS**
2 **SPECIFIED IN FEDERAL REGULATIONS ISSUED PURSUANT TO P.L. 104-191,**
3 **UNDER WHICH BENEFITS FOR MEDICAL CARE ARE SECONDARY OR INCIDENTAL**
4 **TO OTHER INSURANCE BENEFITS;**

5 **(II) THE FOLLOWING BENEFITS IF THEY ARE PROVIDED**
6 **UNDER A SEPARATE POLICY, CERTIFICATE, OR CONTRACT OF INSURANCE OR**
7 **ARE OTHERWISE NOT AN INTEGRAL PART OF A HEALTH BENEFIT PLAN:**

8 **1. LIMITED SCOPE DENTAL OR VISION BENEFITS;**

9 **2. BENEFITS FOR LONG-TERM CARE, NURSING HOME**
10 **CARE, HOME HEALTH CARE, COMMUNITY-BASED CARE, OR ANY COMBINATION**
11 **OF THESE BENEFITS; AND**

12 **3. OTHER SIMILAR LIMITED BENEFITS AS SPECIFIED**
13 **IN FEDERAL REGULATIONS ISSUED PURSUANT TO P.L. 104-191;**

14 **(III) THE FOLLOWING BENEFITS IF OFFERED AS**
15 **INDEPENDENT, NONCOORDINATED BENEFITS:**

16 **1. COVERAGE ONLY FOR A SPECIFIED DISEASE OR**
17 **ILLNESS; AND**

18 **2. HOSPITAL INDEMNITY OR OTHER FIXED**
19 **INDEMNITY INSURANCE; OR**

20 **(IV) THE FOLLOWING BENEFITS IF OFFERED AS A SEPARATE**
21 **POLICY, CERTIFICATE, OR CONTRACT OF INSURANCE:**

22 **1. MEDICARE SUPPLEMENTAL HEALTH INSURANCE,**
23 **AS DEFINED IN § 1882(G)(1) OF THE SOCIAL SECURITY ACT;**

24 **2. COVERAGE SUPPLEMENTAL TO THE COVERAGE**
25 **PROVIDED UNDER CHAPTER 55 OF TITLE 10, UNITED STATES CODE; AND**

26 **3. SIMILAR SUPPLEMENTAL COVERAGE PROVIDED**
27 **TO COVERAGE UNDER AN EMPLOYER SPONSORED PLAN.**

28 **(E) “MEDICAL CARE” MEANS:**

1 (1) ITEMS OR SERVICES FOR THE DIAGNOSIS, CURE, MITIGATION,
2 TREATMENT, OR PREVENTION OF A DISEASE, INJURY, OR CONDITION
3 AFFECTING ANY STRUCTURE OR FUNCTION OF THE BODY; AND

4 (2) TRANSPORTATION PRIMARILY FOR AND ESSENTIAL TO
5 MEDICAL CARE DESCRIBED IN ITEM (1) OF THIS SUBSECTION.

6 11-602.

7 THIS SUBTITLE APPLIES TO A CARRIER THAT ISSUES OR DELIVERS A
8 HEALTH BENEFIT PLAN IN THE STATE.

9 11-603.

10 (A) A CARRIER SUBJECT TO THIS SUBTITLE MAY NOT CHARGE A
11 PREMIUM TO A CONTRACT HOLDER OR TO AN INDIVIDUAL COVERED UNDER A
12 HEALTH BENEFIT PLAN BEFORE THE APPLICABLE PREMIUM RATE IS FILED
13 WITH AND APPROVED BY THE COMMISSIONER.

14 (B) A CARRIER SUBJECT TO THIS SUBTITLE MAY NOT CHANGE THE
15 PREMIUM CHARGED TO A CONTRACT HOLDER OR TO AN INDIVIDUAL COVERED
16 UNDER A HEALTH BENEFIT PLAN UNTIL THE APPLICABLE PREMIUM RATE
17 CHANGE HAS BEEN FILED WITH AND APPROVED BY THE COMMISSIONER.

18 (C) (1) ~~(I) ANY APPLICABLE PREMIUM RATE OR PREMIUM RATE~~
19 ~~CHANGE OF A CARRIER SUBJECT TO THIS SUBTITLE SHALL BE FILED WITH THE~~
20 ~~COMMISSIONER AT LEAST 90 DAYS BEFORE ITS PROPOSED EFFECTIVE DATE.~~

21 ~~(II) IF THE PREMIUM RATES FILED ARE NOT ACCOMPANIED~~
22 ~~BY INFORMATION SUFFICIENT FOR THE COMMISSIONER TO DETERMINE~~
23 ~~WHETHER THE PREMIUM RATE FILING MEETS THE REQUIREMENTS OF THIS~~
24 ~~SUBTITLE, THE COMMISSIONER SHALL REQUIRE THE CARRIER TO PROVIDE THE~~
25 ~~NEEDED INFORMATION.~~

26 ~~(III) IF THE COMMISSIONER REQUIRES ADDITIONAL~~
27 ~~INFORMATION, THE 90 DAY PERIOD UNDER SUBPARAGRAPH (I) OF THIS~~
28 ~~PARAGRAPH SHALL BEGIN AGAIN ON THE DATE THE REQUIRED INFORMATION IS~~
29 ~~RECEIVED BY THE COMMISSIONER.~~

30 ~~(IV) ON WRITTEN APPLICATION BY THE CARRIER, THE~~
31 ~~COMMISSIONER MAY AUTHORIZE A PROPOSED PREMIUM RATE THAT THE~~
32 ~~COMMISSIONER HAS APPROVED TO BECOME EFFECTIVE.~~

1 ~~1. BEFORE THE EXPIRATION OF THE 90-DAY REVIEW~~
 2 ~~PERIOD OR ANY EXTENSION OF THE 90-DAY REVIEW PERIOD; OR~~

3 ~~2. AT A LATER DATE.~~

4 ~~(2) A PREMIUM RATE FILING IS DEEMED APPROVED UNLESS~~
 5 ~~DISAPPROVED BY THE COMMISSIONER WITHIN THE 90-DAY PERIOD OR ANY~~
 6 ~~EXTENSION OF THE 90-DAY PERIOD DESCRIBED IN PARAGRAPH (1) OF THIS~~
 7 ~~SUBSECTION.~~

8 ~~(3):~~

9 (I) FOR INSURERS, IN ACCORDANCE WITH § 12-203 OF THIS
 10 ARTICLE AND REGULATIONS ADOPTED UNDER TITLE 31, SUBTITLE 10 OF THE
 11 CODE OF MARYLAND REGULATIONS;

12 (II) FOR NONPROFIT HEALTH SERVICE PLANS, IN
 13 ACCORDANCE WITH § 14-126 OF THIS ARTICLE; AND

14 (III) FOR HEALTH MAINTENANCE ORGANIZATIONS, IN
 15 ACCORDANCE WITH § 19-713 OF THE HEALTH - GENERAL ARTICLE AND
 16 REGULATIONS ADOPTED UNDER TITLE 31, SUBTITLE 12 OF THE CODE OF
 17 MARYLAND REGULATIONS.

18 (2) (I) THE COMMISSIONER SHALL DISAPPROVE OR MODIFY A
 19 PROPOSED PREMIUM RATE FILING IF THE PROPOSED PREMIUM RATES APPEAR,
 20 BASED ON STATISTICAL ANALYSIS AND REASONABLE ASSUMPTIONS, TO BE
 21 INADEQUATE, UNFAIRLY DISCRIMINATORY, OR EXCESSIVE IN RELATION TO
 22 BENEFITS.

23 (II) IN DETERMINING WHETHER TO DISAPPROVE OR
 24 MODIFY A PREMIUM RATE FILING OF A CARRIER, THE COMMISSIONER SHALL
 25 CONSIDER, TO THE EXTENT APPROPRIATE:

26 1. PAST AND PROSPECTIVE LOSS EXPERIENCE IN
 27 AND OUTSIDE THE STATE;

28 2. UNDERWRITING PRACTICE AND JUDGMENT, ~~TO~~
 29 ~~THE EXTENT APPROPRIATE;~~

30 3. A REASONABLE MARGIN FOR RESERVE NEEDS;

31 4. PAST AND PROSPECTIVE EXPENSES, BOTH
 32 COUNTRYWIDE AND THOSE SPECIFICALLY APPLICABLE TO THE STATE; AND

1 5. ANY OTHER RELEVANT FACTORS IN AND OUTSIDE
2 THE STATE.

3 ~~(4)~~ (3) (I) EACH PREMIUM RATE FILING AND ANY
4 SUPPORTING INFORMATION FILED UNDER THIS SUBTITLE SHALL BE OPEN TO
5 PUBLIC INSPECTION AS SOON AS FILED.

6 (II) A CARRIER MAY REQUEST A FINDING BY THE
7 COMMISSIONER THAT CERTAIN INFORMATION FILED WITH THE COMMISSIONER
8 BE CONSIDERED CONFIDENTIAL COMMERCIAL INFORMATION UNDER §
9 10-617(D) OF THE STATE GOVERNMENT ARTICLE AND NOT SUBJECT TO PUBLIC
10 INSPECTION.

11 ~~(H)~~ (III) ON REQUEST AND PAYMENT OF A REASONABLE
12 FEE, A PERSON MAY OBTAIN COPIES OF A PREMIUM RATE FILING AND ANY
13 SUPPORTING INFORMATION.

14 (D) NOTWITHSTANDING THE COMMISSIONER'S PREVIOUS APPROVAL
15 OF A PREMIUM RATE FILING OF A CARRIER SUBJECT TO THIS SECTION, THE
16 COMMISSIONER, AT ANY TIME, MAY REQUIRE THE CARRIER TO DEMONSTRATE
17 THAT, BASED ON STATISTICAL ANALYSIS AND REASONABLE ASSUMPTIONS AND
18 CONSIDERING THE FACTORS LISTED IN SUBSECTION ~~(C)(3)~~ (C)(2) OF THIS
19 SECTION, ITS PREMIUM RATES FOR A HEALTH BENEFIT PLAN ARE NOT
20 INADEQUATE, UNFAIRLY DISCRIMINATORY, OR EXCESSIVE IN RELATION TO
21 BENEFITS.

22 (E) (1) IF, AFTER THE APPLICABLE REVIEW PERIOD ~~ESTABLISHED~~
23 ~~UNDER SUBSECTION (C) OF THIS SECTION,~~ THE COMMISSIONER FINDS THAT
24 THE PREMIUM RATES IN A PREMIUM RATE FILING OF A CARRIER SUBJECT TO
25 THIS SECTION ARE INADEQUATE, UNFAIRLY DISCRIMINATORY, OR EXCESSIVE,
26 AS DETERMINED UNDER SUBSECTION ~~(C)(3)~~ (C)(2) OF THIS SECTION, THE
27 COMMISSIONER SHALL ISSUE TO THE CARRIER AN ORDER THAT:

28 (I) SPECIFIES THE REASONS WHY THE PREMIUM RATE
29 FILING ~~WAS NOT APPROVED~~ IS INADEQUATE, UNFAIRLY DISCRIMINATORY, OR
30 EXCESSIVE IN RELATION TO BENEFITS UNDER SUBSECTION ~~(C)(3)~~ (C)(2) OF
31 THIS SECTION; AND

32 (II) STATES WHEN, WITHIN A REASONABLE PERIOD AFTER
33 THE ORDER, THE PREMIUM RATE FILING WILL NO LONGER BE EFFECTIVE.

34 (2) (I) THE COMMISSIONER SHALL HOLD A HEARING BEFORE
35 ISSUING AN ORDER UNDER PARAGRAPH (1) OF THIS SUBSECTION.

1 **(II) THE COMMISSIONER SHALL GIVE WRITTEN NOTICE OF**
2 **THE HEARING TO THE CARRIER AT LEAST 10 DAYS BEFORE THE HEARING.**

3 **(III) THE WRITTEN NOTICE SHALL SPECIFY THE MATTERS TO**
4 **BE CONSIDERED AT THE HEARING.**

5 **(3) AN ORDER ISSUED UNDER PARAGRAPH (1) OF THIS**
6 **SUBSECTION DOES NOT AFFECT A HEALTH BENEFIT PLAN ISSUED OR**
7 **DELIVERED BEFORE THE EXPIRATION OF THE PERIOD STATED IN THE ORDER.**

8 **(F) EACH DECISION OR FINDING OF THE COMMISSIONER ABOUT**
9 **PREMIUM RATES MADE UNDER THIS SUBTITLE IS SUBJECT TO JUDICIAL REVIEW**
10 **IN ACCORDANCE WITH SUBTITLE 5 OF THIS TITLE.**

11 14–126.

12 (a) (1) A corporation subject to this subtitle may not amend its certificate
13 of incorporation, bylaws, or the terms and provisions of contracts issued or proposed to
14 be issued to subscribers to the plan until the proposed amendments have been
15 submitted to and approved by the Commissioner and the applicable fees required by §
16 2–112 of this article have been paid.

17 (2) **(I)** A corporation subject to this subtitle may not change the
18 table of rates charged or proposed to be charged to subscribers for a form of contract
19 issued or to be issued for health care services until the proposed change has been
20 submitted to and approved by the Commissioner.

21 **(II) 1. A NONPROFIT HEALTH SERVICE PLAN THAT**
22 **OFFERS A HEALTH BENEFIT PLAN, AS DEFINED IN § 11–601 OF THIS ARTICLE, IS**
23 **SUBJECT TO TITLE 11, SUBTITLE 6 OF THIS ARTICLE FOR THE HEALTH BENEFIT**
24 **PLAN.**

25 **2. IF THE PROVISIONS OF TITLE 11, SUBTITLE 6 OF**
26 **THIS ARTICLE CONFLICT WITH THE PROVISIONS OF THIS SECTION, THE**
27 **PROVISIONS OF TITLE 11, SUBTITLE 6 OF THIS ARTICLE SHALL PREVAIL.**

28 (3) The Commissioner shall approve an amendment to the articles of
29 incorporation or bylaws under paragraph (1) of this subsection unless the
30 Commissioner determines the amendment is contrary to the public interest.

31 **(b) (3) (i) The Commissioner shall disapprove or modify the proposed**
32 **change if:**

1 PROVISIONS OF TITLE 11, SUBTITLE 6 OF THE INSURANCE ARTICLE SHALL
2 PREVAIL.

3 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
4 health benefit plan rate filings received by the Maryland Insurance Commissioner on
5 or after the effective date of this Act.

6 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
7 July 1, 2012.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.